

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35594

State File No.

FILED NOV 10 1943

Registration District No. 310

Primary Registration District No. 30158

Registrar's No. 171

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
816 Monroe Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Katharine Lemon

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 7th, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 27 hr. min.

9. Birthplace W. Clemens, Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Hiram Lemon Canada
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name Jennie Tehin Canada
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant John Lemon
(b) Address _____

17. (a) Burial (b) Date thereof Oct. 9, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Hackmann - Baur

(b) Address 226 N 6th St. St. Charles Mo

19. (a) Oct. 9, 1943 (b) Ernest L. Paulk, Jr.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 816 Monroe Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4th
year 1943 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from
Coroner's Viewing of Body
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

Acute dilatation of heart.

Due to _____
Sen. Arterio sclerosis.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature J. P. Erich, M.D. (City or town) (State) (Date)
St. Charles Mo Date signed 10/14/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Arthur C. Bane

Licensed Embalmer No.....

3155

P. O. Address.....

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.